Letters to the Editor

The Editor welcomes submissions for possible publication in the Letters to the Editor section that consist of commentary on an article published in the Journal or other relevant issues. Authors should:

- Include no more than 500 words of text, three authors, and five references
- Type with double-spacing
- See http://jtcs.ctsnetjournals.org/misc/ifora.shtml for detailed submission instructions.
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Vascular obstruction related to mediastinal fibrosis: An interesting clinical entity

To the Editor:

We read with interest the article published by Zhang and associates.[1] They have presented an interesting clinical scenario in which tuberculosis caused encasement of the aorta, pulmonary arteries, and coronary arteries owing to mediastinal fibrosis. They treated their patient surgically to relieve the mediastinal vascular occlusion. We would like to share our clinical experience with this rare clinical entity.[2]

Myocardial ischemia was the presenting symptom in our patient with a background of long-term use of methysergide for migraine. There was prominent involvement of the aorta with thickening of the wall and of the left and right coronary artery ostia. Preoperatively, an accurate diagnosis could not be established. The diffuse fibrotic process was found to involve the ascending aorta and proximal aortic arch intraoperatively. The coronary ostial occlusion was obviously due to the extreme thickening of the ascending aorta. We used circulatory arrest to replace the ascending aorta and performed partial arch replacement with saphenous vein grafting of the left anterior descending and right coronary arteries.

Coronary artery involvement may be in the form of stenosis of the origin of left and right coronary arteries or there may be diffuse involvement of coronary arteries owing to extensive fibrosis of the wall. Overall mediastinal fibrosis is an extremely uncommon indication for coronary artery bypass surgery.[3,4]

We agree with the authors that there are two important points to consider in these patients regarding surgical management. Operative intervention is required to relieve the vascular obstruction and to establish the diagnosis. The role of specific medical treatment is evident from the case reported by Zhang and associates.[1] The coronary artery occlusion along with the involvement of other great vessels disappeared with antitubercular treatment on postoperative follow-up.

We congratulate the authors on the successful management of a difficult case and emphasize that surgery should be performed earlier in suspected cases presenting with mediastinal fibrosis with vascular occlusion to treat potentially treatable causes like mycobacterial infection, to discontinue an offending drug, and to establish the diagnosis of malignancy.

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Reply to the Editor:

We appreciate the comments by Drs Saxena and Tesar on our article.[1] Their respectable clinical experiences describe surgery of the ascending aorta and partial arch replacement with saphenous vein grafting of the left anterior descending and right coronary arteries due to diffuse fibrotic mediastinitis.[2]

Sclerosing mediastinal fibrosis is a fibrous proliferative inflammatory process usually involving the superior mediastinum. Many etiologic factors have been cited in the causation of fibrosing mediastinitis, including bacterial infection, fungal infection, drugs,